



Request for Reimbursement Tuition Incentive Program

Program renewed annually by Higher Education Appropriations Act. Filing is mandatory for funding.

INSTRUCTIONS: Institutions may submit this form only after the end of the semester/term refund period. The Michigan Department of Treasury, Office of Scholarships and Grants (OSG), reserves the right to make changes based on eligibility and to deny payment based on funding. Maximum credits paid per academic year are 24 semester or 36 term.

Submit completed form to: Office of Scholarships and Grants, Michigan Department of Treasury, P.O. Box 30462, Lansing, MI 48909-7962, or fax to (517) 241-5835. For questions, call 1-888-447-2687.

1. Name and Address of Institution			
2. Billing Period (check one)			
<u>Billing Cycles</u>	<u>Deadline</u>	<u>No Payment After</u>	
<input type="checkbox"/> 1 st Quarter	Nov. 1	Nov. 15	
<input type="checkbox"/> 2 nd Quarter	Feb. 1	Feb. 15	
<input type="checkbox"/> 3 rd Quarter	May 1	May 15	
<input type="checkbox"/> 4 th Quarter	Aug. 1	Aug. 15*	*Final fiscal year payment
3. Semester/Term for which Reimbursement is Requested			
4. Academic Year for which Reimbursement is Requested			
5. Total Number of Phase I Students: _____	<u>Tuition Amount</u>	<u>Fee Amount</u>	<u>Total</u>
	\$	\$	\$
6. Total Number of Phase II Students: _____			<u>Total Tuition</u>
			\$
7. Total Number for both Phase I and Phase II: _____		_____ (Grand Total Invoice Amount)	

Certification		
I certify that the detailed listing of students provided are charged to the Tuition Incentive Program (as summarized above) and all institutional policies and procedures and guidelines provided by the Department of Treasury for this program have been followed in determining these charges. I understand that charges over and above the limits set by the program are the responsibility of the student.		
Authorized Signature		Title
Date	Email Address	Telephone Number

Phase I

[illegible]

Phase II

[illegible]